Commonwealth of Kentucky
Office of Public Employee Health Insurance

AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION BY OPEHI

I, **(1)** _____ _____-_____-_____ _____/_____/_____
(Print Name of Employee) (Social Security Number) (Date of Birth)

authorize OPEHI to provide the following specific information: **(2)**_____

_____

to: **(3)** _____ my **(4)** _____
(Name of Authorized Person to receive information) (Authorized person and/or relationship to Employee)

whose mailing address is: **(5)** _____ _____ ____ _____ _____
Mailing Address City State Zip code Telephone

The information will be used to: **(6)** _____

_____

Password or phrase to verify identity of the authorized person receiving information in the event the disclosure is by phone: **(7)** _____
(i.e. Smith, or Disneyworld, or Frizzel)

Hint for password or phrase: **(8)** _____
(i.e. Mother's maiden name, or Favorite vacation destination, or Pet's name)

I understand that:

a. The only information disclosed will pertain to eligibility; enrollment; disenrollment and Qualifying Events.
b. All issues concerning payment of claims and benefits covered need to be directed to the carriers, not OPEHI. Any information that is requested from the carrier may require an additional authorization form to be completed with that carrier.
c. I can revoke this authorization before it ends, except information already disclosed, by writing to or by calling:
   Office of Public Employee Health Insurance
   200 Fair Oaks Lane, Suite 502
   Frankfort, KY 40601
d. There may be a reasonable, cost based fee charged by OPEHI to process the requested information. Postage (as necessary) shall be charged.
e. ** The information released under this authorization may be subject to re-disclosure by the authorized person **(10)** below and the re-disclosure **may not** be protected under federal/state regulations.

This authorization is good until **(9)** _____ /_____/_____ or _____
Date Event

(10) _____ _____/_____/_____
(Signature of Employee) ** Date

(11) _____ _____ _____ _____
Mailing Address City State Zip code

For Official Use Only

_____
UserID

_____
Date